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AUTHOR Sarvela, Paul D.; And Others
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ABSTRACT

This report presents the results of a needs assessment study on comprehensive drug education conducted for a small rural K-8 school. A brief review examines the literature on drug and alcohol abuse among rural youth. Parents, teachers, and students were surveyed to assess their needs, interests, and knowledge of drug and alcohol abuse. Twenty percent of children in grades kindergarten through three and 43% of older children reported having tasted beer while 13% of second graders and 19% of children in grades four through eight had tried cigarettes. All students cited parents as the first source they would go to for information about drugs, although as students increased in age they more frequently cited other sources of information. Ninety percent of parents believed drug education should occur in the schools. Parents believed educational programs should focus on facts about drugs, their harmful effects on the body, drinking and driving, and the legal ramifications of drug use. The report recommends a parent education program, since parents are cited most frequently as a source of information about drugs and alcohol. Recommended goals for school drug and alcohol education programs include identification of sources of drugs; identification of people who are reliable sources of information; description of the effects of drugs on the body; and demonstration of positive, independent, decision-making skills. The report recommends that a drug education committee select curriculum materials to meet the objectives of the comprehensive drug education program. (Thirty-five references are listed, and the appendixes contain six questionnaires, a table of results, and a list of recommended curriculum materials.) (DP)

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A DRUG EDUCATION NEEDS ASSESSMENT IN A RURAL ELEMENTARY SCHOOL SYSTEM: RESULTS AND CURRICULUM RECOMMENDATIONS

PREPARED BY

Paul D. Sarvela, Ph.D.
RoseAnn Benson, M.S.
Julie K. Doidge, B.A.
Linda J. Bugle, M.S.
Leanna R. Depue, Ph.D.
Linda I. Friede, M.S.
Naina Haider, M.S.

Department of Health Education
College of Education
Southern Illinois University-Carbondale

11 February 1988

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EXECUTIVE SUMMARY

This report describes the results of a needs assessment study conducted by large midwestern university in the fall of 1987 for a small rural kindergarten through grade eight school. The report begins with a brief review of the relevant literature concerning rural youth drug and alcohol use, youth drinking and driving, and the needs assessment process. The methods used in the study are described next, including a description of the study sample, needs assessment design, data collection instruments, and the data collection procedures. Results are discussed next.

Major findings include:

K-3 Grades

- 95% identified alcohol as harmful
  97% identified cigarette smoking as harmful
- 20% reported that they had tasted beer
- 13% of the 2nd graders had tried cigarettes
- 44% indicated that their teachers have talked about alcohol use at school
- Parents were cited most frequently as the source they would go to for information about drugs

4-8 Grades

- 90% said alcohol was harmful
  97% said cigarette smoking was harmful
- 43% had tried beer, wine (28%) or liquor (17%)
- 19% had tried cigarettes
- 18% said their peers had used alcohol
- Students cited parents most frequently as source of drug information

  As students increased in age, they more frequently cited teachers, doctors, or other relatives as sources of information concerning drugs or alcohol

Parent Results

- 90% indicated that drug education should occur in the schools
- 80% said it should occur each school year

- The parents indicated that the educational programs should focus on:

  1) the facts about drugs (93.5%)
  2) harmfulness of drugs (92%)
  3) drug effects on the body (92%)
  4) drinking and driving (90%)
  5) legal aspects of drug use (84.5%),

Recommendations:

This study has established the need for a drug education program in the school system. Alcohol and cigarettes are clearly being used in this population, therefore, it is important to establish and implement a comprehensive prevention program for these students. Based on the results of this study, the following recommendations are made:

1. A parent education program should be implemented since parents are cited most frequently as a source of information about drugs and alcohol.

2. The program should begin at the kindergarten level, and continue throughout the high school years. Goals for the different age groups include:

(k-3 grades)

a. identify various sources of drugs.
b. identify people who are reliable sources of information.
c. express refusal statements for offered drug use.

(4 - 8 grades)

a. describe the effects of drugs on the body.
b. demonstrate positive decision-making skills.
c. exhibit attitudes independent of peers and advertisement influence.
d. express refusal statements for offered drug use.

3. The school should establish a drug education committee (comprised of teachers, administrators, parents, and significant community members) to review this report, assess the appropriateness of the recommendations, and consider curriculum materials to meet the goals and objectives for the comprehensive drug education program.

INTRODUCTION

Although the majority of research studies concerning alcohol and drug abuse have concentrated on urban populations, substance abuse problems are not confined to the cities (Nyberg, 1979). Recent research has clearly demonstrated that there is a substance abuse problem in rural America (e.g., Kirk, 1979; McIntosh, Nyberg, Fitch, Wilson, & Staggs, 1979; Napier et al., 1981, 1983, 1984; Sarvela & McClendon, 1983, 1987a, 1987b; Sarvela, Takeshita, & McClendon, 1986; Tolone & Dermott, 1975; Winfree & Griffiths, 1983). More importantly, studies have shown that former rural/urban differential drug and alcohol abuse rates are no longer present (NIDA, 1981) and in some cases, rural use rates (i.e., heavy weekly drinking) exceed rates of urban regions (Lowman, 1981). For example, Globetti, Alsikafi, and Morse (1978) found that rural youth drink less frequently than urban adolescents, but in much larger quantities.

Alcohol appears to be the drug of choice of most rural youth (i.e., Sarvela & McClendon, 1987a); linked to the high rates of youth drinking are problems associated with drinking and driving. Alcohol was related to 50 to 55% of the 45,600 motor vehicle deaths which occurred in 1985. In addition, alcohol was a contributing factor to over 1,700,000 disabling injuries, and, in 1985, alcohol-related traffic accidents cost the United States approximately 12 billion dollars (National Safety Council, 1986). Drinking and driving is particularly problematic among our Nation's youth, because young people frequently drink away from home, and often in cars (Smart, Gray, & Bennett, 1978). Traffic accidents are the leading cause of death among young people in the US today (Small, 1982) with 45 to 60 percent of the accidents related to alcohol (Douglass, 1982).

Even though 2/3 of all 1985 motor-vehicle deaths occurred in rural areas (National Safety Council, 1986), only one recent study (Sarvela, Newcomb, & Duncan, in press) has focused on problems concerning rural youth drinking. The findings from this study suggested that approximately 19% of the sample (622 junior and senior high school students in northwest Ohio) had driven under the influence of alcohol and 35% had ridden in a car with an intoxicated school-aged driver. Fully 35% had refused a ride from a friend who was intoxicated, while 43% had tried to stop a drunk friend from driving. As grade level increased, the frequency of each alcohol-related behavior increased substantially ($p < .01$) with almost 50% of the 11th and 12th grade sample having driven a car while intoxicated at least one time. These findings, coupled with the results of a recent Gallup poll which indicated that Americans believe drug use in the schools is the number one problem in our public schools today (Gallup, 1986), clearly suggest that health education specialists must provide drug and alcohol abuse prevention programs for the rural youth population.

Given the problems related to drug and alcohol abuse, a number of studies have been conducted examining the effects of drug and alcohol education programs on behavior. Some studies report actual substance use increases after program completion while others suggest no change or a decrease in use (Hanson, 1980; Hewitt, 1982; Wallack & Corbett, 1987).

Wallack and Corbett (1987) found in their review of the alcohol and drug education literature that smoking prevention programs have been the most successful substance abuse education programs. They suggest that other types of drug education programs (e.g., alcohol or marihuana programs) may be able to build upon the strategies and methods used in these programs. They cite the work of Botvin (i.e., Botvin & Eng, 1982) as an example of a smoking prevention program that shows promise. In this type of program, the curriculum focuses on factors such as skills to resist social pressure, coaching students how to deal with social anxiety, and increasing knowledge of the consequences of smoking.

One important element of the curriculum building process is the needs assessment (Sarvela & Griffiths, 1988). Although there is no consensus in the curriculum and evaluation field as to what exactly needs assessment is, or how it is defined (Kaufman, 1983), it will be defined here as a method used to:

- identify target population needs
- establish program priorities
- outline the goals and objectives of the program to be developed
- provide a "blueprint" for the design and development of the curriculum
- provide standards to be used in the assessment of the completed curriculum project

From the health education perspective, needs assessments can be thought of as a set of procedures used by public health specialists to give a "physical" to a community, school, or other target population, and to provide recommendations for the solutions of problems detected during the analysis (Sarvela & Griffiths, 1988).

This report describes the results of a needs assessment study conducted for a small, rural community in the midwest. The following sections describe the methods used in the study, the results of the needs assessment, as well as recommendations for the development of a comprehensive drug education program for the students. Data collection instruments and other supporting materials used in the study are found in the Appendix.

METHOD

Sample. Three groups of subjects were studied in this project: students, parents, and teachers. All students attending class during the scheduled day of data collection answered the survey. All parents were sent a questionnaire hand-carried by the students. The administrator for the school handed out all the questionnaires to the teachers. (Note: teacher results are not included in this study because of the low return rate of the questionnaires.)

Needs Assessment Design. Data were collected using a general cross-sectional survey research design. This method was selected because of its relatively low cost, and its ability to gather data from large numbers of people in a relatively short period of time. All data were collected during the fall, 1987 academic year.

Data Collection Instruments. A specific data collection instrument was designed and developed by health education graduate students from a large midwestern university for each target group, to best assess the needs, interests, and knowledge of the population. Each instrument was pilot-tested on a similar population group. Revisions of the instruments were made based upon the results of the pilot tests. Content validity was established through face and consensual validity procedures. Based on a literature review, it was decided to concentrate on alcohol and smoking, as they are the substances most frequently used by this age group. Copies of the instruments are found in the appendix.

Two student instruments were developed: (1) a kindergarten-3 grade and (2) 4-8 grades. The k-3 questionnaire consisted of 4 pictorial questions, 19 closed-ended questions, and 5 open-ended questions. The 4-8 grade questionnaire was made up of 24 closed-ended questions, and 5 open-ended questions. Reliability of the instruments, based on pilot test results, was found to be .689 for the K-3 instrument and .733 for the 4-8 instrument, using the KR-20 reliability coefficient.

The parent's questionnaire consisted of 21 items focusing on smoking education programs and 19 items concerning alcohol education. The questionnaire contained primarily yes/no and multiple-choice items. At the end of each section, respondents were asked to add any additional comments they had concerning smoking and alcohol education programs. Reliability of the instrument was evaluated using the KR-20 test. (Reliability results were .82 for alcohol items and .65 for smoking items). Stability reliability of the questionnaire was assessed using the test-retest method, with an overall test-retest correlation of .91 for alcohol items and .86 for smoking items.

The educators' questionnaire consisted of 5 parts, assessing their perceptions of the: (1) present curriculum, (2) curriculum

desired, (3) what should not be taught, (4) resource material, and (5) personal data. The 26 questions were either dichotomous, multiple choice, or open ended. Based on pilot-test results, the test-retest reliability of the instrument was estimated at .91.

All questionnaires were reviewed by the local school board and the superintendent. Items were revised in accordance with their recommendations, and then approved for distribution to the students, parents, and teachers.

Data Collection Procedures. Student data were collected from all k-8 students by graduate students from the Department of Health Education at a large midwestern school. For the k-3 sample, students were individually interviewed by the graduate students. For the 4-8 sample, the survey was administered to the total class by a graduate student. The parent and teacher surveys were self-administered. Each parent/teacher survey included a stamped, self-addressed envelope to return the completed form to the Health Education Department office at the university. All data were collected in a uniform manner, to enhance the overall reliability of the study results (Green & Lewis, 1986).

Data Analysis Procedures. All data were coded from the questionnaire forms to scan-tron sheets, which were then read by an optical scanning machine. Data were analyzed in terms of raw frequencies, percentages, means and standard deviations, as well as selected item analysis and reliability procedures. Results for the open-ended questions which appear at the end of the student surveys are presented in terms of clusters, trends, and common answers given for each response.

RESULTS AND DISCUSSION

Grades K-3 Results. Fully 95% of this age group identified alcohol as harmful, and an even greater percentage (97%) indicated that cigarette smoking was harmful to one's health. Twenty percent of these students claimed to have tasted beer, however, due to comments made to the interviewers, it is quite possible that some of the students confused beer with root beer. Thirteen percent of the 2nd graders said they had tried cigarettes at least one time.

Forty-four percent of the students indicated that their teachers have talked about alcohol use at school, with awareness of alcohol education very high in the second grade (81%).

In the picture part of the survey, a majority of the students were able to say that wine and cigarettes "might hurt you," however, none of the k-3 grade students identified coca cola as containing a drug, despite the high concentration of caffeine in the beverage.

The k-3 results regarding forced-choice items are found in Table 1.

TABLE 1: SURVEY RESULTS OF GRADES K-3
(expressed in percentages)

	Grade Level K	1	2	3	Total
Number in Each Class	18	15	16	10	59
identify wine as harmful	83	87	100	90	90
identify cigs as harmful	94	93	100	100	97
identify tobacco forms	67	87	81	100	81
identify drugs	0	0	0	0	0
tasted beer	11	27	19	30	20
tasted wine	0	7	6	10	5
tasted liquor	11	13	0	0	7
identify alcohol as harmful	89	93	100	100	95
alcohol education in school	28	20	81	50	44
alcohol advertisement on TV	56	93	100	100	85
alcohol advertisement in print	61	27	69	90	59
peer use of alcohol	6	7	19	10	10
cigarette experimentation	0	13	0	0	3
identification of cig. as harmful	94	87	100	90	93
cigarette education in school	33	47	81	80	58
cigarette advertisement in print	61	73	100	90	80

Results from the open-ended questions for the K-3 grade levels were as follows:

Kindergarten

A majority of students would ask their parents, grandparents, or a grown-up questions about alcohol, cigarettes, or drugs. Responses to being given a can of beer or cigarette were all negative, with many students indicating they would throw the beer or cigarette away, or jump on it. Most students had no idea of why people drink or smoke.

Grade 1

As with the kindergarten students, a majority of the 1st graders would ask their parents or grandparents questions about alcohol, cigarettes, or drugs. However, several responses were "don't know," or "nobody." Most responses regarding being given a can of beer or cigarette were negative, however, there were several "don't know" responses for each. Again, most students had no idea why people drink or smoke, but a few students did say that people used drugs to be drunk, because beer tastes good, to get high, and because they think it's good for them.

Grade 2

Most would ask parents about drugs, however, the pastor, doctor and teacher were now included. All responses to being given a can of beer or cigarette were negative, with most saying they would "throw it away." Most still have no idea why people drink or smoke, however, some students said they drink or smoke to feel good, to be killed, and to be cool.

Grade 3

Parents are still the primary source of information about drugs and alcohol, however, new choices include friends and "court." One student would ask grandpa because he smokes alot. All responses to being given a can of beer were negative except one. This individual "would probably drink it, I don't know." Responses to being given a cigarette were very strong. Not only would they not take it, but most want to throw it down and stomp on it or something similar. There are fewer "I don't know" responses as to why people drink or smoke, with several suggesting that people drink and smoke because think they're big, it helps them feel grownup, and if they start "it might make a habit."

<u>Grade 4-8 Results</u>. As would be expected, a much larger percentage of students had tried beer (43%), wine (28%) or liquor (17%) than did the k-3 sample. Eighteen percent of the 4-8 students said their peers had used alcohol, with peer use of alcohol jumping from 15% in grade 7 to 58% in grade 8. Cigarette smoking

experimentation was 19% for grades 4-8, with grade 7 reporting 45%. Peer use of cigarettes was identified in grade 7 at 30%, and in grade 8 at 50%, much higher than reported self use. Parallel to the k-3 findings, a large percent were able to indicate that alcohol (90%) and cigarette (97%) use was harmful.

A large percent of the students in grades 6 and 8 indicated that alcohol education took place in the schools, while responses to the smoking education at school item was highest in grades 6 and 8.

Acceptance of alcohol from parents increases in approval from 8% to 25% between grades 5 and 6. Acceptance of alcohol from peers increases in approval from 0% to 15% between grades 6 and 7, however only 8% approve in grade 8.

Experimentation or use of cigarettes increases from 4% to 25% between grades 5 and 6. Reported peer use of cigarettes increases from 8% to 30% between grades 6 and 7. The attitude that cigarette smoking is harmful changed from 100% in grade 7 to 75% in grade 8.

TABLE 2: SURVEY RESULTS OF GRADES 4-8
(expressed in percentages)

	Grade Level 4	5	6	7	8	Total
Number in Each Class	21	25	12	20	12	89
tasted beer	33	13	42	75	67	43
tasted wine	24	17	17	45	42	28
tasted liquor	10	0	33	15	50	17
identify alcohol as harmful	95	96	92	80	83	90
alcohol education in school	14	17	42	25	58	27
alcohol ok from parents	5	8	25	25	25	16
alcohol ok from peers	0	0	0	15	8	4
alcohol ads on TV	95	100	100	100	100	99
alcohol ads in print	86	92	100	95	100	93
ridden in car with drinker	29	29	17	25	33	27
peer use of alcohol	14	8	8	15	58	18
experimented with cigarettes	5	4	25	45	25	19
identify cigarettes as harmful	100	100	100	100	75	97
cigarette education in school	29	42	67	55	75	49
cigarette smoking grownup	5	0	0	10	0	3
cigarette smoking make popular	0	0	8	10	8	4
cigarette advertisement in print	90	100	92	100	92	96
peer use of cigarettes	5	4	8	30	50	17

Results of the open-ended questions for grades 4-8 are as follows:

Grade 4

Most 4th graders would still ask parents if they had a question about drugs. New information sources include brothers, and someone who doesn't smoke or do drugs. All responses to being given a can of beer or cigarettes were negative, with many students saying no, and others saying running away after saying no. Several students also said they would say "you're crazy," or "get lost." Several felt a need to tell someone, like their mother. There were still a few "I don't know responses" to why people drink and smoke, while other responses included: because they become more stupid, they think it makes them great, they think they are smart, they think it is fun, some want to go to the hospital, don't know what could happen, they don't want to live or they want to die, weird, and it's a popular habit.

Grade 5

Parents again were cited most frequently to ask about drugs questions. New responses include a friend that does not do it, a person who studies drugs, and people I trust. All responses to being given a can of beer or cigarettes were negative. Many also saying no, running away, and telling someone. Many still have no idea why people smoke or drink. New responses include to get your mind off people, to impress a girl or boyfriend, to look older, to show off, to be popular, to be a hot shot, because they're at a party, to feel relaxed and calm down, habit, and because friends do.

Grade 6

Most would still ask parents or grandparents if they had a question about drugs an alcohol, as well as close relatives and teachers and doctors. All responses to being given a can of beer or cigarettes were negative. Most said to say no, followed by walking away, a comment on detrimental effects to the body, or a derogatory comment. With regard to why people smoke or drink, most thought they did it to be cool or popular. New responses included: to have a good time, to be tougher than others, for fun, can't help it, hooked, because parents do, to be different, and don't know it's bad for them.

Grade 7

Most students would ask parents, grandparents or relatives questions about drugs. New responses include the organization SADD. Responses to accepting a can of beer were much more positive. Over 25% would taste or drink it. In response to being given a cigarette, only one would smoke it. Most responses as to why people drink or smoke were: to get drunk, to act grown up or cool, to become addicted,

and to calm down. New responses included to celebrate, and to kill themselves slowly.

Grade 8

As with the earlier responses, most would students would ask parents, relatives or teacher if they had a question about drugs. Responses to accepting a can of beer or cigarette were mixed; some would accept a can of beer if it was from parents or someone in their family, several would take it and drink it, one would drink it and throw up. Fifty-eight percent would refuse it. Most of the responses to cigarette smoking were negative, but several would take it, and when their peer was gone throw it away. New reponses as to why people smoke and drink included: because of stress, thirsty, and to be a stud.

Parents

Open-ended items concerning recommendations for improvement in the school drug education program included: preventive education, use of current up-to-date facts and figures, projects to show effects, the facts of what drugs do to and for an individual, films and movies on the effects of drugs, activities for involvement, and implementation of this type of education in the curricula. One parent expressed the opinion that the only source of truth is the Bible, and that people must be changed from within. Recommendations from several parents included the expectation that the teacher be a role model, and that these topics should only be taught by non-smokers and non-drinkers. Inservice training for teachers was seen as necessary. Ex-drug users or reformed alcoholics were recommended by several as speakers. Parents perceive their children's current sources of information on drugs as coming from the home and family members (80%), followed by TV, church and school, peers and magazines.

TABLE 3: RESULTS OF PARENT SURVEY
N = 40
(expressed in percentages)

		RESPONSE PER SUBSTANCE	
		alcohol	cigarette
education should be at home		92	92
education should be at church		67	60
education should be in community		80	82
education should be at school		92	88
education by school teachers		35	42
education by experts		85	88
education should include facts		92	95
education should stress harm		92	92
education should stress personal choice		60	60
education should stress responsible use		52	52
education should stress abstinance		40	77
education should include effects on body		92	92
education should include law and use		92	77
education should include drinking & driving		90	NA
education should include chemical makeup		NA	82
education should include social aspects		77	72
education should include facts about diff. types		80	89
		cigars	88
		smokeless	90
		pipe	88
education should begin at grade	k-2	32	38
	3-5	32	55
	6-8	27	5
	high	7	2
frequency of education	never	0	
	1 time	0	
	each school year	80	
	every other year	20	

RECOMMENDATIONS

Target Population Needs. This study has established the need for a drug education program in the school system. Alcohol and cigarettes are clearly being used in this elementary population, and it is important to develop and implement a comprehensive prevention program for these students.

Goals. Based on the results of this needs assessment, the following broad goals are recommended to be established as a part of the curriculum:

1. Establish the drug education curriculum as a part of the total school curriculum, preferably, integrated with the school health program.

2. Develop lifeskills in students

3. Present information on alcohol, tobacco, and other drugs, in a manner that students in grades k-3 will be able to:

    a. identify various sources of drugs
    b. identify people who are reliable sources of information
    c. express refusal statements for offered drug use

    Students in grades 4-8 will be able to:

    a. describe the effects of drugs on the body
    b. demonstrate positive decision-making skills
    c. exhibit attitudes independent of peers and advertisement influence
    d. express refusal statements for offered drug use.

Objectives and Standards. Specific objectives (which can be translated into measureable standards), by grade level, designed to meet the goals stated above are listed. (These objectives have been taken directly from A Guide to Curriculum Planning in Health Education published by the Wisconsin Department of Public Instruction in 1985.)

Kindergarten

By the end of kindergarten, students will:

1. name medicines and chemical substances that people use or abuse;
2. identify medicines commonly found in homes;
3. describe the different ways people take medicines;
4. explain reasons for consulting a responsible adult before using medicines or chemical substances.

Grade 1

By the end of first grade, students will:

1. describe what a medicine is;
2. give examples of how medicines may be helpful or harmful;
3. accurately identify medicines and chemical substances with which they may come in contact;
4. explain the risks involved in using unknown substances;
5. describe good risks and bad risks.

Grade 2

By the end of second grade, students will:

1. recognize names given to medicines and chemical substances;
2. describe the appropriate rules for taking medicines;
3. explain why people choose to avoid certain medicines or chemical substances;
4. describe how medicines and chemical substances affect the body.

Grade 3

By the end of third grade, students will:

1. discuss reasons for medicine and chemical substance use or nonuse;
2. explain the difference between use and abuse of drugs;
3. predict the effects of drug (including alcohol) use on physical, emotional, and social well-being.
4. list people and places who can provide help for medicine and chemical substance use problems;
5. recognize that some common products contain chemical substances such as caffeine, nicotine, and alcohol.

Grade 4

By the end of fourth grade, students will:

1. give reasons why people do and do not misuse and abuse specific drugs, including alcohol, tobacco, over-the-counter medicines, and prescription drugs;
2. recognize that there are alternatives to medicines and chemical substances that can enhance well-being;
3. describe the effects of alcohol, tobacco, and other drugs;
4. describe the behavioral effects of alcohol, tobacco, and other drugs;
5. tell why alcohol, tobacco, caffeine, over-the-counter medicines, and prescription drugs can be dangerous if misused.

Grade 5

By the end of fifth grade, students will:

1. apply the components of the decision-making process to drug nonuse or use situations;
2. appreciate the positive influences peers and adults can have on decisions concerning alcohol, tobacco, or other drug use;
3. demonstrate helpful strategies for dealing with social pressures to use drugs;
4. illustrate the impact use or abuse of alcohol, tobacco, and other drugs has on the individual, the family, and the community;
5. recognize the legal consequences of use, purchase, and possession of drugs.

Grade 6

By the end of sixth grade, students will:

1. value socially acceptable alternatives to tobacco, alcohol, and marijuana;
2. identify physical, mental, and social effects of tobacco, alcohol, and marijuana use;
3. develop personal plans to positively confront social pressures related to alcohol, tobacco, and other drug use;
4. identify people and organizations who can provide help with problems related to tobacco, alcohol, marijuana, and other drugs.

Grades 7-8-9, Junior High

By the end of ninth grade, students will:

1. demonstrate stress management techniques that are alternatives to substance use or abuse;
2. describe situations which illustrate the interplay of personal, social, family, and environmental forces affecting the nonuse, use or abuse of substances that modify behavior;
3. appreciate the possible negative consequences of the choice to use alcohol, tobacco, or other drugs;
4. explain why each individual is primarily responsible for his or her own decisions concerning the use or nonuse of alcohol, tobacco, and other drugs;
5. identify local resources, services, and support groups that are available for substance abuse treatment and control;
6. know about a wide variety of career choices and occupational oppoortunities available in the area of substance abuse prevention, intervention, and treatment. (pages 133-135)

Curriculum Design. The following philosophy (taken directly from A Guide to Curriculum Planning in Health Education published by the Wisconsin Department of Public Instruction in 1985) is intended to be used as a guide in the design and development of the drug education program:

Health education should be aimed at health promotion and the prevention of health problems. Education should develop skills for daily living and prepare individuals for their future roles as parents and citizens. Quality health education motivates individuals to voluntarily take an active role in protecting, maintaining, and improving their health. Health issues should be approached in a positive manner, and address multi-dimensional aspects of individuals. (page 6)

The goal of drug education is to prevent substance use and abuse. Educational strategies which emphasize individual responsibility should be used. Unit topics would be: positive decision making, individual responsibility, substances beneficial to humankind, classification of substances and their effects on the body, formation of habits and their influence on health, role models, influence of advertising, use and misuse of tobacco, alcohol, and other drugs, respect for oneself and others, setting goals, and peer influences. (page 132)

Based on this philosphy, we recommend that:

1. A committee of teachers, administrators, parents and students be formed as the core of the program. This committee would be responsible for keeping administrators and teachers well-informed of the information and process of the drug curriculum. It will be the responsibility of the committee to develop the philosophy and objectives of the school system, determine teaching strategies, and select from the list of resources we have provided, the curriculum program and materials to be used for the school district.

2. A drug curriculum should be integrated into every classroom. The emphasis in primary grades should be on the identification of various sources of drugs and drug types and on the establishment of decision-making skills. In grades 3 to 5, factual information about drug effects should be stressed. Also included should be the formation of positive life skills of communication and decision making. In grades 6 to 8, the curriculum should address attitudes about drug use and recognition of influences on use.

3. Another survey should be implemented during the school year 1989-1990, to assess the knowledge and attitudes of the students, teachers, administrators, parents, and significant community members.

4. "Education is the foundation on which healthy lifestyles are built. And no group is better able than school teachers and nurses to

provide information and instruction that can help young people make decisions that promote good health" (Rohwer, 1985/86, p. 32). Therefore, we recommend that adequate teacher inservice training be implemented to help the teachers effectively teach their drug education programs.

Successful implementation of a drug curriculum requires the dedication of all teachers. Teachers are critical attributes to the success of any program (Gibson-Laemel, 1987). Teachers must first realize that they serve as role models for children and can be a source of positive impact on students. To commit time and energy to a profitable program, teachers need to be well informed of the curriculum objectives.

5. Programs for the parents are needed, since they are most frequently cited by the students as the source of drug and alcohol information.

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APPENDICES

I. Grades K - 3 Questionnaire

II. Grades 4 - 8 Questionnaire

III. Grades 9 - 12 Questionnaire

IV. Parent Questionnaire

V. Educator Questionnaire

VI. Community Member Questionnaire

VII. Results of Core Questions by Grade Level

VIII. Recommended Curriculum Materials

APPENDIX I

Grades K - 3 Questionnaire

DIRECTIONS FOR INTERVIEWERS
GRADES K - 3

1. Materials needed:

- questionnaire
- one pencil

2. Introduction:

- "Hello, my name is _____. I'm from Carbondale.
- "I'm a student at _____."
- "What is your Name?"
- "Would it be OK if I asked you some questions?"

3. Complete background information on questionnaire:

- write in today's date
- write in the student's grade level
- "How old are you?"
  - write in student's age
- write in the student's sex

**** DO NOT WRITE THE STUDENT'S NAME ANYWHERE ON QUESTIONNAIRE ****

4. Complete the questions:

- read the question
- wait for student answer
- accept ANY answer the student states
- if student does not answer, repeat the question
- circle response on the questionnaire or write their statements on the lines provided
- if student does not answer after repeating question, circle "Don't know"

********** DO NOT PROMPT THE STUDENT FOR ANSWERS **********
********** STATE ONLY THE QUESTIONS ON THE QUESTIONNAIRE **********

5. Closing interview:

- "Thanks for answering these questions."

6. If you have any questions concerning the procedures in administering this survey, see RoseAnn or Julie.

DRUG QUESTIONNAIRE
GRADES k-3

Date_____ Student Grade Level_____
Age_____ Sex_____

		A	B	C
1.	Have you ever tried alcohol, like beer, wine, or liquor (except at church)?	Yes	No	Don't know
2.	Is drinking alcohol harmful to your health?	Yes	No	Don't know
3.	Has your teacher ever talked about alcohol?	Yes	No	Don't know
4.	Is drinking alcohol, (like beer, wine, or liquor), a sign of being "grown up?"	Yes	No	Don't know
5.	Will drinking alcohol, (like beer, wine, or liquor), make you more popular?	Yes	No	Don't know
6.	Have you ever ridden in a car with a driver who had been drinking alcohol?	Yes	No	Don't know
7.	Do any of your friends the same age drink alcohol?	Yes	No	Don't know
8.	Is it alright to drink alcohol, (like beer, wine or liquor), if an adult gives it to you?	Yes	No	Don't know
9.	Is it alright to drink alcohol, (like beer, wine or liquor), if a friend gives it to you?	Yes	No	Don't know
10.	Have you ever tried to smoke a cigarette?	Yes	No	Don't know
11.	Is smoking cigarettes harmful to your health?	Yes	No	Don't know
12.	Have you ever chewed tobacco or dipped snuff?	Yes	No	Don't know
13.	Is chewing tobacco or dipping snuff harmful to your health?	Yes	No	Don't know
14.	Has your teacher ever talked about cigarette smoking?	Yes	No	Don't kno
15.	Has your teacher ever talked about dipping or chewing tobacco?	Yes	No	Don't know
16.	Is using tobacco, (like smoking, dipping or chewing), a sign of being "grown up?"	Yes	No	Don't know
17.	Will using tobacco (like smoking, dipping or chewing) make you more popular?	Yes	No	Don't know
18.	Do any of your friends the same age smoke cigarettes?	Yes	No	Don't know

19. Do any of your friends the same age dip or chew tobacco? Yes No Don't know

20. What person would you ask if you had a question about alcohol (like beer, wine or liquor), cigarette smoking, chewing or dipping tobacco or drugs?

21. If someone offered you a cigarette, what would you do?

22. Why do people smoke cigarettes?

23. How is tobacco harmful to your body?

24. If someone offered you a can of beer, what would you do?

25. Why do people drink alcohol?

26. How is alcohol harmful to your body?

APPENDIX II

Grades 4 - 8 Questionnaire

DIRECTIONS FOR ADMINISTRATORS OF QUESTIONNAIRE
GRADES 4 - 8

1. Materials needed:

   - Questionnaires

2. Introduction:

   - "Hello, my name is _____."
   - "Participation in this survey is voluntary."
   - "I am here to ask you some questions."
   - "Your answers to the questions will be anonymous, since we do not ask you to write your name, address, or any other identifying marks on the survey form.
   - "If you would like to participate please take out a pencil"

3. Distribute questionnaires to students

   - "Here is a questionnaire."
   - "I will read this."
   - "Please follow along, and complete these questions."

4. Direct the students to complete the background information:

   - "Write the date on the line at the top. Today's date is _____."
   - "Write your grade level on the line."
   - "Write your age."
   - "Write your sex on the line provided at the top."

5. Read the directions to the students if necessary:

   - read directly from the questionnaire
   - "Number 1. Have you ever tried beer?"
   - allow students time to respond
   - continue to next question

6. Closing:

   - "Thank you for completing this questionnaire."
   - "Please hand in your paper."

DRUG QUESTIONNAIRE
GRADES 4 - 8

Date_____ Student Grade level_____
Age_____ Sex_____

DIRECTIONS: Draw a circle around the word for your answer to each question.

Example: Do you live in Illinois?	Yes	No	Don't know
1. Have you ever tried beer?	Yes	No	Don't know
2. Have you ever tried wine (except at church)?	Yes	No	Don't know
3. Have you ever tried liquor?	Yes	No	Don't know
4. Is drinking alcohol harmful to your health?	Yes	No	Don't know
5. Has your teacher ever talked about alcohol (like beer, wine or liquor)?	Yes	No	Don't know
6. Is drinking alcohol, (like beer, wine, or liquor), a sign of being "grown up?"	Yes	No	Don't know
7. Will drinking alcohol, (like beer, wine, or liquor), make you more popular?	Yes	No	Don't know
8. Have you ever ridden in a car with a driver who had been drinking alcohol?	Yes	No	Don't know
9. Do any of your friends the same age drink alcohol?	Yes	No	Don't know
10. Is it alright to drink alcohol (like beer, wine or liquor) if an adult gives it to you?	Yes	No	Don't know
11. Is it alright to drink alcohol (like beer, wine or liquor) if a friend gives it to you?	Yes	No	Don't know
12. Have you ever tried to smoke a cigarette?	Yes	No	Don't know
13. Is smoking cigarettes harmful to your health?	Yes	No	Don't know
14. Have you ever chewed tobacco or dipped snuff?	Yes	No	Don't know
15. Is chewing tobacco or dipping snuff harmful to your health?	Yes	No	Don't know
16. Has your teacher ever talked about cigarette smoking?	Yes	No	Don't know
17. Has your teacher ever talked about dipping or chewing tobacco?	Yes	No	Don't know

18. Is using tobacco, (like smoking, dipping or chewing), a sign of being "grown up?" Yes No Don't know

19. Will using tobacco (like smoking, dipping or chewing) make you more popular? Yes No Don't know

20. Do any of your friends the same age smoke cigarettes? Yes No Don't know

21. Do any of your friends the same age dip or chew tobacco? Yes No Don't know

DIRECTIONS: Complete the statements by writing in your answer.

22. What person would you ask if you had a question about alcohol (like beer, wine or liquor), cigarette smoking, dipping or chewing tobacco, or drugs?

_____

_____

23. If someone offered me a cigarette, I would:

_____

_____

24. Why do people smoke cigarettes?

_____

_____

25. How is tobacco harmful to your body?

_____

_____

26. If someone offered me a can of beer, I would:

_____

_____

27. Why do people drink alcohol?

_____

_____

28. How is alcohol harmful to your body?

_____

_____

APPENDIX III

Grades 9 - 12 Questionnaire

April 1988

Dear Student:

This questionnaire is part of a study conducted by researchers at Southern Illinois University at Carbondale for the Murphysboro Public Schools to determine what should be included in a drug education program for students in Kindergarten through the 12th grade. An important part of this study is to find out how Murphysboro High School students feel about having a drug education program in their schools. Your opinions will help us plan a program that will best meet the needs of the school.

Participation in this survey is voluntary. This questionnaire has been reviewed and approved for distribution by the Murphysboro Board of Education. Your answers to the questions will be anonymous, since we do not ask you to write your name, address, or any other identifying marks on the survey form. This questionnaire should only take about fifteen minutes to complete.

Thank you for your help.

Sincerely,

Murphysboro
Superintendent of Schools

DRUG SURVEY
GRADES 9 - 12

Directions: Read the following questions carefully, and select the response which most accurately reflects your opinion.

Student Grade level_____ Age: _____

Sex: MALE FEMALE

Do you plan on attending college? YES NO

Indicate your use of the following drugs:

	Never Used	Past Month	Past Year, Not Past Month	Not Past Year
1. Marijuana	A	B	C	D
2. Inhalants (glue, gasoline)	A	B	C	D
3. Cocaine	A	B	C	D
4. Amphetamines (speed/uppers)	A	B	C	D
5. Barbiturates (downers/depressants)	A	B	C	D
6. Sarvorphan	A	B	C	D
7. Alcohol (beer, wine, liquor)	A	B	C	D
8. Cigarettes	A	B	C	D
9. Chewing tobacco or snuff	A	B	C	D

How much do you think people risk harming themselves (physically or in other ways) if they:

	No risk	Slight risk	Moderate risk	Great risk	No opinion
10. Smoke marijuana regularly	A	B	C	D	E
11. Take cocaine regularly	A	B	C	D	E
12. Take amphetamines regularly (stimulants/speed)	A	B	C	D	E
13. Take barbiturates regularly (depressants/downers)	A	B	C	D	E

How much do you think people risk harming themselves (physically or in other ways) if they:

	No risk	Slight risk	Moderate risk	Great risk	No opinion
14. Take four or five drinks nearly every day	A	B	C	D	E
15. Have five or more drinks once or twice each weekend	A	B	C	D	E
16. Smoke one or more packs of cigarettes per day	A	B	C	D	E
17. Chew tobacco or dip snuff daily	A	B	C	D	E

How do you feel about people who do the following?

	Approve	Disapprove	Strongly Disapprove	No Opinion
18. Smoke marijuana regularly	A	B	C	D
19. Take cocaine regularly	A	B	C	D
20. Take amphetamines regularly (stimulants/speed)	A	B	C	D
21. Take barbiturates regularly (depressants/downers)	A	B	C	D
22. Take four or five drinks nearly every day (beer, wine, alcohol)	A	B	C	D
23. Have five or more drinks once or twice each week	A	B	C	D
24. Smoke one or more packs of cigarettes per day	A	B	C	D
25. Chew tobacco or dip snuff daily	A	B	C	D

How do you think your close friends would feel if you...

	Approve	Disapprove	Strongly Disapprove
26. Smoked marijuana regularly	A	B	C
27. Took four or five drinks nearly every day	A	B	C

How do you think your close friends would feel if you...

	Approve	Disapprove	Strongly Disapprove
28. Had five or more drinks once or twice each weekend	A	B	C
29. Smoked one or more packs of cigarettes per day	A	B	C
30. Chewed tobacco or dipped snuff daily	A	B	C

How do you think your parents would feel if you...

	Approve	Disapprove	Strongly Disapprove
31. Smoked marijuana regularly	A	B	C
32. Took four or five drinks nearly every day	A	B	C
33. Had five or more drinks once or twice each weekend	A	B	C
34. Smoked one or more packs of cigarettes per day	A	B	C
35. Chewed tobacco or dipped snuff daily	A	B	C

How many of your friends would you estimate ...

	None	A Few	Some	Most	All
36. Smoke marijuana	A	B	C	D	E
37. Use inhalants	A	B	C	D	E
38. Take cocaine	A	B	C	D	E
39. Take amphetamines	A	B	C	D	E
40. Take barbiturates	A	B	C	D	E
41. Take sarvorphan	A	B	C	D	E

	None	A Few	Some	Most	All
42. Drink alcoholic beverages	A	B	C	D	E
43. Get drunk at least once a week	A	B	C	D	E
44. Smoke cigarettes	A	B	C	D	E
45. Chew or dip	A	B	C	D	E

How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some?

	Probably impossible	Very difficult	Fairly difficult	Fairly easy	Very easy
46. Marijuana	A	B	C	D	E
47. Tranquilizers	A	B	C	D	E
48. Cocaine	A	B	C	D	E
49. Amphetamines	A	B	C	D	E
50. Barbiturates	A	B	C	D	E
51. Sarvorphan	A	B	C	D	E
52. Alcohol	A	B	C	D	E
53. Tobacco	A	B	C	D	E

This set of questions asks you about some of your beliefs and behaviors.

	YES	NO
54. Have you ever ridden in a car with a driver who has been drinking alcohol?	A	B
55. Have you ever driven a car after drinking alcohol?	A	B
56. Is it all right to drink alcohol (like beer, wine, or liquor) if it is given to you by an adult?	A	B
57. Is it all right to drink alcohol (like beer, wine, or liquor) if it is given to you by a friend	A	B

This set of questions asks for your opinion about the present level of drug education in your classes THIS YEAR.

58. Have your teachers at school taught about alcohol use?	A	B
59. Have your teachers at school taught about tobacco use?	A	B

	YES	NO
60. Have your teachers at school taught about any other drugs?	A	B

This set of questions concerns WHO should teach a drug and alcohol education program. You may select yes more than once

61. The program should be taught by the classroom teachers:	A	B
62. The program should be taught by teachers certified in health education:	A	B
63. The program should be taught by experts in the field (physicians, social workers, psychologists, pharmacists, professors):	A	B
64. The program should be taught by law enforcement officials (police officers, lawyers, probation officers):	A	B
65. The program should be taught by students, in a "peer-led" program such as alpha:	A	B

The final set of questions concerns your own opinions about drug and alcohol use among Murphysboro students. You may select yes more than once.

66. Do you think ALCOHOL use is a problem among the Murphysboro student population?	A	B
67. Do you think TOBACCO use is a problem among the Murphysboro student population?	A	B
68. Do you think MARIJUANA use is a problem among the Murphysboro student population?	A	B
69. Do you think HARD DRUG use is a problem among the Murphysboro student population?	A	B
70. Do you think Murphysboro School District needs a drug education program?	A	B

APPENDIX IV

Parent Questionnaire

April 1988

Dear Parent:

This questionnaire is part of a study conducted by researchers at Southern Illinois University at Carbondale for the Murphysboro Public Schools to determine what should be included in a drug education program for children in Kindergarten through the 12th grade. An important part of this study is to find out how parents of students in the Murphysboro school district feel about having a drug education program in their schools. Your opinions will help us plan a program that will best meet the needs of the community.

Participation in this survey is voluntary. This questionnaire has been reviewed and approved for distribution by the Murphysboro Board of Education. Your answers to the questions will be anonymous, since we do not ask you to write your name, address, or any other identifying marks on the survey form. This questionnaire should only take about ten minutes to complete.

Thank you for your help.

Sincerely,

Murphysboro
Superintendent of Schools

DIRECTIONS

1. Circle the answer to each yes/no question, or fill in your response in the space provided for short answer questions.

   Note: the questionnaire is divided into several sections. YOU MAY ANSWER "YES" TO MORE THAN ONE QUESTION IN EACH SECTION.

2. Return the questionnaire in the stamped self-addressed envelope.

3. Please return the questionnaire within the next week.

4. One or both parents may fill out this survey. If both fill it out, please answer each question in the space between each question.

This set of questions concerns WHERE drug and alcohol education programs should be taught.

1. Facts about drugs and alcohol should be taught in the home: Yes No

2. Facts about drugs and alcohol should be taught at church: Yes No

3. Facts about drugs and alcohol should be taught in community service group settings (i.e., Boy or Girl Scouts): Yes No

4. Facts about drugs and alcohol should be taught at school: Yes No

This set of questions concerns WHO should teach the drug and alcohol education program.

5. The program should be taught by the classroom teachers: Yes No

6. The program should be taught by teachers certified in health education: Yes No

7. The program should be taught by experts in the field (physicians, social workers, psychologists, pharmacists, professors): Yes No

8. The program should be taught by law enforcement officials (police officers, lawyers, probation officers): Yes No

9. The program should be taught by students, in a "peer-led" program such as alpha: Yes No

This set of items concerns WHAT should be taught in the drug and alcohol education program.

10. The program should include facts about alcohol: Yes No

11. The program should stress that alcohol use is harmful: Yes No

12. The program should stress that alcohol should never be used: Yes No

13. The program should stress that alcohol use is a matter of personal choice: Yes No

14. The program should include facts and legal issues about drinking and driving: Yes No

15. The program should include facts about tobacco (cigarettes, snuff, chewing tobacco): Yes No

16. The program should stress that tobacco use is harmful: Yes No

17. The program should stress that tobacco should never be used: Yes No

18. The program should stress that tobacco use is a matter of personal choice: Yes No

19. The program should include facts about marijuana: Yes No

20. The program should stress that marijuana is harmful: Yes No

21. The program should stress that marijuana should never be used: Yes No

22. The program should stress that marijuana use is a matter of personal choice: Yes No

23. The program should include facts about hard drugs (LSD, heroin, cocaine, etc.): Yes No

24. The program should stress that hard drugs are harmful: Yes No

25. The program should stress that hard drugs should never be used: Yes No

26. The program should stress that hard drug use is a matter of personal choice: Yes No

The final set of questions concerns your own opinions about drug and alcohol use among Murphysboro students.

27. Do you think ALCOHOL use is a problem among the Murphysboro student population? Yes No

28. Do you think TOBACCO use is a problem among the Murphysboro student population? Yes No

29. Do you think MARIJUANA use is a problem among the Murphysboro student population? Yes No

30. Do you think HARD DRUG use is a problem among the Murphysboro student population? Yes No

31. Do you think Murphysboro School District needs a drug education program? Yes No

32. In what grades should alcohol education be taught? _____

33. In what grades should tobacco education be taught? _____

34. In what grades should marijuana education be taught? _____

35. In what grades should hard drugs education be taught? _____

36. Please give us other comments or information that might help in the design of your school's drug education program:

Please provide us with some basic information about yourself. If both parents answer, please place a slash to separate each column of answers:

Age: under 21 ___
21-29 ___
30-39 ___
40-49 ___
50-59 ___
60+ ___

Education: Please list or check the highest grade completed:
Grade _____
High School _____
Tech School _____
Jr.College _____
BS/BA _____
MS/MA/MBA _____
MD/PhD/EdD _____

Sex:_____

Religious Preference:_____

Occupation:_____

THANK YOU FOR YOUR HELP IN THIS PROJECT

APPENDIX V

Educator Questionnaire

April 1988

Dear Educator:

This questionnaire is part of a study conducted by researchers at Southern Illinois University at Carbondale for the Murphysboro Public Schools to determine what should be included in a drug education program for children in Kindergarten through the 12th grade. An important part of this study is to find out how educators in the Murphysboro schools feel about having a drug education program. Your opinions will help us plan a program that will best meet the needs of your school and the community.

Participation in this survey is voluntary. This questionnaire has been reviewed and approved for distribution by the Murphysboro Board of Education. Your answers to the questions will be anonymous, since we do not ask you to write your name, address, or any other identifying marks on the survey form. This questionnaire should only take about ten minutes to complete.

Thank you for your help.

Sincerely,

Murphysboro
Superintendent of Schools

DIRECTIONS

1. Circle the answer to each yes/no question, or fill in your response in the space provided for short answer questions.

   Note: the questionnaire is divided into several sections. YOU MAY ANSWER "YES" TO MORE THAN ONE QUESTION IN EACH SECTION.

2. Return the questionnaire in the stamped self-addressed envelope.

3. Please return the questionnaire within the next week.

1. Do you teach drug education in your class? Yes No

2. Do you feel comfortable answering student questions about drugs? Yes No

3. Would you feel comfortable teaching a drug education class? Yes No

4. Are decision-making skills taught in you class? Yes No

This set of questions concerns WHO should teach the drug and alcohol education program.

5. The program should be taught by the classroom teachers: Yes No

6. The program should be taught by teachers certified in health education: Yes No

7. The program should be taught by experts in the field (physicians, social workers, psychologists, pharmacists, professors): Yes No

8. The program should be taught by law enforcement officials (police officers, lawyers, probation officers): Yes No

9. The program should be taught by students, in a "peer-led" program such as alpha: Yes No

This set of questions concerns WHAT should be taught in the drug and alcohol education program.

10. The program should include facts about alcohol: Yes No

11. The program should stress that alcohol use is harmful: Yes No

12. The program should stress that alcohol should never be used: Yes No

13. The program should stress that alcohol use is a matter of personal choice: Yes No

14. The program should include facts and legal issues about drinking and driving: Yes No

15. The program should include facts about tobacco (cigarettes, snuff, chewing tobacco): Yes No

16. The program should stress that tobacco use is harmful: Yes No

17. The program should stress that tobacco should never be used: Yes No

18. The program should stress that tobacco use is a matter of personal choice: Yes No

19. The program should include facts about marijuana: Yes No

20. The program should stress that marijuana is harmful: Yes No

21. The program should stress that marijuana should never be used: Yes No

22. The program should stress that marijuana use is a matter of personal choice: Yes No

23. The program should include facts about hard drugs (LSD, heroin, cocaine, etc.): Yes No

24. The program should stress that hard drugs are harmful: Yes No

25. The program should stress that hard drugs should never be used: Yes No

26. The program should stress that hard drug use is a matter of personal choice: Yes No

The final set of questions concerns your own opinions about drug and alcohol use among Murphysboro students.

27. Do you think ALCOHOL use is a problem among the Murphysboro student population? Yes No

28. Do you think TOBACCO use is a problem among the Murphysboro student population? Yes No

29. Do you think MARIJUANA use is a problem among the Murphysboro student population? Yes No

30. Do you think HARD DRUG use is a problem among the Murphysboro student population? Yes No

31. Do you think Murphysboro School District needs a drug education program? Yes No

32. In what grades should alcohol education be taught? _____

33. In what grades should tobacco education be taught? _____

34. In what grades should marijuana education be taught? _____

35. In what grades should hard drugs education be taught? _____

36. What areas of drug education do you deal with in your classes?

37. Please give us other comments or information that might help the design of your school's drug education program.

38. What needs (such as continuing education, inservice, materials, etc.) would you have if you were to teach drug education?

Please provide us with some basic information about yourself.

Age: 21-30 ___
31-40 ___
41-50 ___
51-60 ___
61+ ___

Education: BS/BA _____
MS/MA/MBA _____
PhD/EdD _____

Sex: Male _____
Female _____

Religious Preference:_____

What level do you teach? k - 3 _____
4 - 6 _____
7 - 9 _____
10 -12 _____

THANK YOU FOR YOUR HELP IN THIS PROJECT

APPENDIX VI

Community Member Questionnaire

April 1988

Dear Madam or Sir:

This questionnaire is part of a study conducted by researchers at Southern Illinois University at Carbondale for the Murphysboro Public Schools to determine what should be included in a drug education program for children in Kindergarten through the 12th grade. An important part of this study is to find out how members of the Murphysboro community feel about having a drug education program in their schools. Your opinions will help us plan a program that will best meet the needs of the community.

Participation in this survey is voluntary. This questionnaire has been reviewed and approved for distribution by the Murphysboro Board of Education. Your answers to the questions will be anonymous, since we do not ask you to write your name, address, or any other identifying marks on the survey form. This questionnaire should only take about ten minutes to complete.

Thank you for your help.

Sincerely,

Murphysboro
Superintendent of Schools

DIRECTIONS

1. Circle the answer to each yes/no question, or fill in your response in the space provided for short answer questions.

   Note: the questionnaire is divided into several sections. YOU MAY ANSWER "YES" TO MORE THAN ONE QUESTION IN EACH SECTION.

2. Return the questionnaire in the stamped self-addressed envelope.

3. Please return the questionnaire within the next week.

This set of questions concerns WHERE drug and alcohol education programs should be taught.

1. Facts about drugs and alcohol should be taught in the home: Yes No

2. Facts about drugs and alcohol should be taught at church: Yes No

3. Facts about drugs and alcohol should be taught in community service group settings (i.e., Boy or Girl Scouts): Yes No

4. Facts about drugs and alcohol should be taught at school: Yes No

This set of questions concerns WHO should teach the drug and alcohol education program.

5. The program should be taught by the classroom teachers: Yes No

6. The program should be taught by teachers certified in health education: Yes No

7. The program should be taught by experts in the field (physicians, social workers, psychologists, pharmacists, professors): Yes No

8. The program should be taught by law enforcement officials (police officers, lawyers, probation officers): Yes No

9. The program should be taught by students, in a "peer-led" program such as alpha: Yes No

This set of items concerns WHAT should be taught in the drug and alcohol education program.

10. The program should include facts about alcohol: Yes No

11. The program should stress that alcohol use is harmful: Yes No

12. The program should stress that alcohol should never be used: Yes No

13. The program should stress that alcohol use is a matter of personal choice: Yes No

14. The program should include facts and legal issues about drinking and driving: Yes No

15. The program should include facts about tobacco (cigarettes, snuff, chewing tobacco): Yes No

16. The program should stress that tobacco use is harmful: Yes No

17. The program should stress that tobacco should never be used: Yes No

18. The program should stress that tobacco use is a matter of personal choice: Yes No

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20. The program should stress that marijuana is harmful: Yes No

21. The program should stress that marijuana should never be used: Yes No

22. The program should stress that marijuana use is a matter of personal choice: Yes No

23. The program should include facts about hard drugs (LSD, heroin, cocaine, etc.): Yes No

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The final set of questions concerns your own opinions about drug and alcohol use among Murphysboro students.

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29. Do you think MARIJUANA use is a problem among the Murphysboro student population? Yes No

30. Do you think HARD DRUG use is a problem among the Murphysboro student population? Yes No

31. Do you think Murphysboro School District needs a drug education program? Yes No

32. In what grades should alcohol education be taught? _____

33. In what grades should tobacco education be taught? _____

34. In what grades should marijuana education be taught? _____

35. In what grades should hard drugs education be taught? _____

36. Please give us other comments or information that might help in the design of your school's drug education program:

Please provide us with some basic information about yourself.

Age:_____

Education: Check highest level completed

HIGH SCHOOL_____
TECHNICAL _____
JR.COLLEGE _____
BS/BA _____
MS/MA/MBA _____
MD/PhD/EdD _____

Sex:_____

Religious Preference:_____

Occupation:_____

THANK YOU FOR YOUR HELP IN THIS PROJECT

APPENDIX VII

Results of Core Questions by Grade Level

CORE DRUG USE RESPONSES COMPARED BY GRADE LEVEL

	k	1	2	3	4	5	6	7	8	9	10	11	12
number	44	48	49	54	73	78	83	78	66	157	165	123	121
ALCOHOL													
tried or used	13	30	29	15	57	48	63	84	92	72	76	89	87
perceived as harmful	58	76	83	94	93	94	98	96	91	88	86	81	82
peer use	11	11	12	9	23	17	24	78	73	97	96	99	98
ridden in car with driver who has been drinking	13	13	28	27	39	34	37	52	59	71	76	81	85
o.k. to drink alcohol obtained from an adult	7	11	12	6	13	10	11	28	21	56	45	60	56
o.k. to drink alcohol obtained from a peer	7	4	0	0	0	1	4	12	18	43	38	50	54
alcohol education in class	2	30	45	76	33	91	77	61	56	96	62	44	36
CIGARETTES													
tried or used	2	13	9	9	24	17	27	43	53	46	50	59	58
perceived as harmful	76	83	82	95	96	97	98	99	96	97	95	94	96
peer use	4	11	14	2	18	21	25	51	39	74	81	88	91
DIP OR CHEW													
tried or used	2	11	13	4	17	16	13	39	44	27	39	27	27
perceived as harmful	58	65	76	89	89	90	98	99	91	97	89	90	88
peer use	5	7	2	0	10	18	29	76	79	78	75	71	64
tobacco education in class	7	2	10	26	72	97	87	68	65	94	53	42	31

APPENDIX VIII

Recommended Curriculum Materials

The following curricula and instructional materials are suggested for consideration for the drug education program:

1. **Life Skills, Instructor Manual**
   grade level: 5-8 grade
   focus: developing attitudes and behaviors to solve problems, learning to control feelings and stress, fostering resonsiblity, self-confidence, making friends
   cost: $60

2. Decision-Making Skills For Middle School Students
   grade level: middle school
   focus: decision-making, curriculum design for decision-making, teaching strategies
   cost: $7.95

3. PICADA (Prevention and Intervention Center for Alcohol and Other Drug Abuse)
   grade level: 6th, 7th, 8th grade (three volumes)
   focus: decision-making, problem solving, alcohol/drug information, assertiveness skills
   cost: $50.00 each level

4. Choosing For Yourself: A Comprehensive Drug Education Program
   grade level: K-12
   focus: alternatives, drug information, self-awareness, decision-making
   cost: K-3 $189.00, 4-6 $189.00, 7-8 $189.00, 9-12, $189.00.

5. Here's Looking At You, 2000: A Teacher's Guide For Drug Education
   grade level: K-12
   focus: refusal skills, parent involvement, social skills, cross-age teaching
   cost: $70.00 (set, K-12, 2 volumes)

6. Substance Abuse Prevention Activities For Elementary Children
   grade level: Elementary
   focus: alcohol information, stress reduction, self-esteem, problem solving, choicemaking
   cost: $18.95

7. Well & Good
   grade level: Junior High
   focus: peer pressure resistance skills, advertising, pressure resistance skills , alcohol, tobacco, and drug information, decision-making
   cost: $50.00

8. Elementary Curriculum Guide For Chemical Awareness And Personal Development
   grade level: Elementary (two volumes)
   focus: self-concept, self-esteem, self-awareness, communication skills, drug information, decision-making, assertiveness
   cost: $13.00 each volume (Level I - K-3, Level II - 4-6)

8. Secondary Curriculum Guide For Chemical Awareness And Personal Development
   grade level: 7 - 8 and 9 - 12
   focus: drug education, affective education, life skills, alternatives, self-esteem
   cost: $8.00 for 7-8, $12.00 for 9-12

9. Chemical Health Education Curriculum, Grades Kindergarten Through Six
   grade level: K-6
   focus: self-awareness, problem-solving, drug information, communication skills, interpersonal relationships
   cost: $40.00

10. Growing Up Well
   grade level: K-8
   focus: positive health promotion through developing internal locus of control, peer resistance skills, self-esteem, decision-making, children of alcoholics, communication skills
   cost: $585.00

The references and materials listed above are available from:

AHTDS-Prevention Resource Center
901 South Second Street
Springfield, IL 62704
(217) 525-3456
(800) 252-8951

Programs for teacher education and training:

1. Talking With Your Students About Alcohol
   grade level: middle school - high school
   focus: alcohol information, decision-making, communication skills
   cost: **Available only with training

2. 100 Ways to Enhance Self-Concept in the Classroom
   grade level: 4-adult
   focus: self-concept
   cost: $21.95

3. Self-Esteem: A Classroom Affair, Volume Two
   grade level: elementary
   focus: self-esteem activities
   cost: $8.95

4. Teaching Social Skills To Children
   grade level: elementary - senior high
   focus: social skills activities for all children, including handicapped
   cost: $14.95

5. Developing Minds: A Resource Book for Teaching Thinking
   grade level: K - 12
   focus: teaching behaviors, strategies, and programs for teaching thinking
   cost: $19.95

The references and materials listed above are available from:

AHTDS-Prevention Resource Center
901 South Second Street
Springfield, IL 62704
(217) 525-3456
(800) 252-8951